

ANCILLARY PROGRAMS/ACTIVITIES

The following information should be completed **on all facility ancillary programs, activities and support groups** as defined in OP-090101:

Ancillary- Classes/Groups chosen by the inmate based on his/her interest or preference. Once the facility head approves the ancillary program, a syllabus must be submitted to the Programs Unit where it will remain on file for reporting purposes. All ancillary groups/classes will have their attendance reported electronically as outlined in Attachment A.

Please complete a separate form for **each ancillary program/activity**, offered by your facility. *Example:* AA/NA, structured bible studies, Zig Ziggler, etc. Return to the Programs Unit, attention Kristy Warren, fax 405/962-6102 or by email to kristy.warren@doc.ok.gov.

Facility Name: _____

Ancillary Activity or Program Name: _____

Security level in which program is available: *(Check all that apply.)* Community Minimum Medium Maximum

Check **one** of the following: support group treatment life skills parenting
 managing emotions motivational family relations educational character building
 other _____

Description/Purpose of ancillary program: _____

Workbook, text, theory utilized in program: _____

Participant eligibility criteria: _____

Lead by: *(Check all that apply.)* security staff case management correctional counselor
 unit manager psychologist psychology clinician medical staff *(Doctor, Nurse, PA)*
 chaplain law librarian volunteer education *(Principal, Teacher, Librarian)*
 inmate contract treatment provider

Minimum qualifications needed to lead activity, if applicable: *(training, certification, education and/or experience, etc.)* _____

Capacity per group: _____ Number of groups at one time: _____

Length of activity: *(days, weeks, months)* _____ Times per week: _____ Total hours per week: _____